



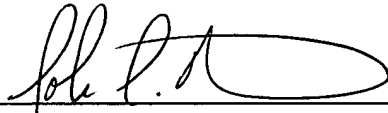
IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: M. Somasundaram
SERIAL NO.: 10/763,020
FILING DATE: January 21, 2004
TITLE: CIRCUITS TO GENERATE A SEQUENTIAL INDEX FOR AN INPUT
NUMBER IN A PREDEFINED LIST OF NUMBERS
EXAMINER: Duc T. Doan
GROUP ART UNIT: 2188
ATTY. DKT. NO.: 8769

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 12 July 2006

By: 
John T. McNelis, Reg. No. 37,186

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

RESPONSE AND AMENDMENT "B"
UNDER 37 CFR §1.111

Sir:

In response to the Office Action dated 17 March 2006, Applicant submits the following
Amendment and Remarks.

It is not believed that extensions of time are required beyond those, which may otherwise be provided for in documents accompanying this Amendment. However, in the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 CFR §1.136(a), and any fees required therefor are hereby authorized to be charged to our Deposit Account 19-2555.

Kindly enter the following amendment:



Don
+

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/763,020
		Filing Date	January 21, 2004
		First Named Inventor	M. Somasundaram
		Group Art Unit Number	2188
		Examiner Name	Duc T. Doan
Total Number of Pages in This Submission	12	Attorney Docket Number	24084-08769

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment/Response: [9] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	John T. McNelis, Reg. No. 37,186
Dated:	12 July 2006

CERTIFICATE OF MAILING	
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.	
Signature:	
Typed or Printed Name:	John T. McNelis
Dated:	12 July 2006
Express Mail Mailing Number (optional):	



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Complete if Known

Application Number	10/763,020
Filing Date	January 21, 2004
First Named Inventor	M. Somasundaram
Examiner Name	Duc T. Doan
Art Unit	2188
Attorney Docket No.	24084-08769

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid	
20	-20** = 0	25	0	
Independent Claims	2	-3** = 0	100	0
Multiple Dependent				

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051	2051	65	
1052	2052	25	
1053	1053	130	
1812	1812	2,520	
1804	1804	920*	
1805	1805	1,840*	
1251	2251	60	60
1252	2252	225	
1253	2253	510	
1254	2254	795	
1255	2255	1,080	
1401	2401	250	
1402	2402	250	
1403	2403	500	
1451	1451	1,510	
1452	2452	250	
1453	2453	750	
1501	2501	700	
1502	2502	400	
1503	2503	550	
1460	1460		
1807	1807	50	
1806	1806	180	
8021	8021	40	
1809	2809	395	
1810	2810	395	
1801	2801	395	
1802	1802	900	

Other fee (specify) _____

SUBTOTAL (3) (\$) 60

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)

John T. McNelis

Registration No.
(Attorney/Agent)

37,186

Complete (if applicable)

Telephone (650) 335-7133

Signature

Date

12 July 2006

07/18/2006 FHETEKI1 00000042 10763020

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24084/08769/DOCS/1638736.1